| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 012938 | A. BUILDING: _____ B. WING _____ | C 12/04/2014 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BICKFORD OF GREENWOOD | 3021 STELLA DRIVE GREENWOOD, IN 46143 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| R 000 | INITIAL COMMENTS<br><br>This visit was for the Investigation of Complaint IN00159102.<br><br>Complaint IN00159102 - Unsubstantiated due to lack of evidence.<br><br>Survey date:December 3 and 4, 2014<br><br>Facility number: 012938<br>Provider number: 012938<br>AIM number: N/A<br><br>Survey team:<br>Susan Worsham, RN- TC<br><br>Census bed type:<br>Residential: 50<br>Total: 50<br><br>Census payor type:<br>Medicare: 0<br>Medicaid: 0<br>Other: 50<br>Total: 50<br><br>Sample: 04<br><br>Bickford of Greenwood was found to be in compliance with 410 IAC 16.2 - 5 in regards to the Investigation of Complaint IN00159102.<br><br>Quality Review 12/05/14 by Lisa McColly | R 000 | | |